

ACT State Testing Test Supervisor Profile

Complete this form **ONLY** if you are **replacing** the previously named Test Supervisor. **Do NOT complete this form if you are a room supervisor or proctor.**

ACT HIGH SCHOOL CODE:

(for testing school)

--	--	--	--	--	--	--	--

Please complete every item on this profile and sign below.

TEST SUPERVISOR INFORMATION

Name: _____

Job Title: _____

School Name: _____

Work Phone: _____

Home Phone: _____

(Will be used for follow-up on missing test materials, if needed)

Cell Phone: _____

Fax Number: _____

Do we need to call before sending a fax? ☐ YES ☐ NO

E-mail Address: _____

(Required)

Highest Education Level/Degree Attained (check one):

☐ High School

☐ Master's

☐ Associate

☐ Doctorate

☐ Bachelor's

☐ Professional

Current Job Responsibilities (check all that apply):

☐ Teaching

☐ Academic Administration

☐ Athletic Coaching

☐ Clerical Support

☐ Counseling/Advising

☐ Standardized Testing

☐ Test Preparation Classes

☐ Other _____

Prior Standardized Testing Experience (check all that apply):

☐ Primary/Secondary School Assessments

☐ College Admissions/Assessments

☐ Professional/Graduate School Admissions

☐ Professional Certification/Licensure

☐ Computer-Based Testing

List the standardized examinations you have administered most recently and the year(s) of administration. Circle your position (TS=test supervisor, RS=room supervisor, P=proctor).

Name of Examination	Year(s)	Position Held
---------------------	---------	---------------

_____		TS RS P
-------	--	---------

_____		TS RS P
-------	--	---------

_____		TS RS P
-------	--	---------

City, State: _____

Number of test administrations you conduct per year:

☐ 1-2

☐ 3-5

☐ 6-10

☐ More than 10

Total number of years testing experience: _____

SECURE STORAGE

Describe the secure, locked storage facility where test materials will be stored at all times while in your possession. Attach a separate sheet if additional space is needed.

Description (e.g., locked cabinet): _____

Location (e.g., locked office): _____

Who has keys to the locked storage? (list names/titles)

What else is this location used for?

Name and title of person responsible for this location:

TEST SUPERVISOR'S AGREEMENT

I certify that I meet the required qualifications and will personally carry out the responsibilities of Test Supervisor at this school for Spring 2010.

I agree to take all steps necessary to arrange for appropriate testing facilities and test material security. I also agree to provide test administration services in accordance with all policies and procedures. I understand and agree that during my term as supervisor, neither I nor any member of my testing staff will engage in any ACT test preparation activities beyond our specifically defined school responsibilities. I agree to read and comply with all ACT test administration policies, including all those listed in the *ACT Supervisor's Manual*.

SIGNATURE

DATE

Fax this form to ACT at 319/337-1019.